

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

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BILL DRAFT 2011-SQ-4\* [v.4] (12/16)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
12/30/2010 3:32:29 PM

Short Title: Conform Medical Record Laws.

(Public)

Sponsors: Senator Stein./Representative Tillis.

Referred to:

A BILL TO BE ENTITLED  
AN ACT TO CONFORM MEDICAL RECORD CONFIDENTIALITY LAWS.  
The General Assembly of North Carolina enacts:

**SECTION 1.** G.S. 90-85.36 reads as rewritten:

**"§ 90-85.36. Availability of pharmacy records.**

(a) Except as provided in subsections (b) and (c) below, written or electronic prescription orders on file in a pharmacy or other place where prescriptions are dispensed are not public records and any person having custody of or access to the prescription orders may divulge the contents or provide a copy only to the following persons:

- (1) An adult patient for whom the prescription was issued or a person who is legally appointed guardian of that person;
- (2) An emancipated minor patient for whom the prescription order was issued or a person who is the legally appointed guardian of that patient;
- (3) An unemancipated minor patient for whom the prescription order was issued when the minor's consent is sufficient to authorize treatment of the condition for which the prescription was issued;
- (4) A parent or person in loco parentis of an unemancipated minor patient for whom the prescription order was issued when the minor's consent is not sufficient to authorize treatment for the condition for which the prescription is issued;
- (5) The licensed practitioner who issued the prescription;
- (6) The licensed practitioner who is treating the patient for whom the prescription was issued;
- (7) A pharmacist who is providing pharmacy services to the patient for whom the prescription was issued;
- (8) Anyone who presents a written authorization for the release of pharmacy information signed by the patient or his legal representative;
- (9) Any person authorized by subpoena, court order or statute;
- (10) Any firm, association, partnership, business trust, corporation or company charged by law or by contract with the responsibility of providing for or paying for medical care for the patient for whom the prescription order was issued;
- (11) A member or designated employee of the Board;



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- (12) The executor, administrator or spouse of a deceased patient for whom the prescription order was issued;
- (13) Researchers and surveyors who have approval from the Board. The Board shall issue this approval when it determines that there are adequate safeguards to protect the confidentiality of the information contained in the prescription orders and that the researchers or surveyors will not publicly disclose any information that identifies any person; or
- (14) The person owning the pharmacy or his authorized agent.

(15) A HIPAA covered entity or a health care provider who is not a covered entity for purposes of treatment, payment, or health care operations to the extent that disclosure is permitted or required by applicable State or federal law.

(b) A pharmacist may disclose any information to any person only when he reasonably determines that the disclosure is necessary to protect the life or health of any person.

(c) Records required to be kept by G.S. 90-93(d) (Schedule V) are not public records and shall be disclosed at the pharmacist's discretion."

**SECTION 2.** G.S. 122C-52 reads as rewritten:

**"§ 122C-52. Right to confidentiality.**

(a) Except as provided in G.S. 132-5 and G.S. 122C-31(h), confidential information acquired in attending or treating a client is not a public record under Chapter 132 of the General Statutes.

(b) Except as authorized by G.S. 122C-53 through G.S. 122C-56, no ~~individual~~facility having access to confidential information may disclose this information.

(c) Except as provided by G.S. 122C-53 through G.S. 122C-56, each client has the right that no confidential information acquired be disclosed by the facility.

(d) No provision of G.S. 122C-205 and G.S. 122C-53 through G.S. 122C-56 permitting disclosure of confidential information may apply to the records of a client when federal statutes or regulations applicable to that client prohibit the disclosure of this information.

(e) Except as required or permitted by law, disclosure of confidential information to someone not authorized to receive the information is a Class 3 misdemeanor and is punishable only by a fine, not to exceed five hundred dollars (\$500.00)."

**SECTION 3.** G.S. 122C-55 reads as rewritten:

**"§ 122C-55. Exceptions; care and treatment.**

(a) Any area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with any other area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when necessary to coordinate appropriate and effective care, treatment or habilitation of the client. For the purposes of this subsection, coordinate means the provision, coordination, or management of mental health, developmental disabilities, and substance abuse services and related services by one or more facilities and includes the referral of a client from one facility to another.

(a1) Any facility may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with a facility when necessary to conduct quality assessment and improvement activities or to coordinate appropriate and effective care, treatment or habilitation of the client. For purposes of this subsection and subsection (a6) of this section, the purposes or activities for which confidential information may be disclosed include, but are not limited to, case management and care coordination, disease management, outcomes evaluation, the development of clinical guidelines and protocols, the development of care management plans and systems, population-based activities relating to improving or reducing health care costs, and the provision, coordination, or management of mental health, developmental disabilities, and

substance abuse services and related services. As used in this section, "facility" includes an LME and "Secretary" includes the Department's Community Care of North Carolina Program or other primary care case management programs that contract with the Department to provide a primary care case management program for recipients of publicly funded health and related services.

(a2) Any area or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with any other area facility or State facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill when necessary to conduct payment activities relating to an individual served by the facility. Payment activities are activities undertaken by a facility to obtain or provide reimbursement for the provision of services and may include, but are not limited to, determinations of eligibility or coverage, coordination of benefits, determinations of cost-sharing amounts, claims management, claims processing, claims adjudication, claims appeals, billing and collection activities, medical necessity reviews, utilization management and review, precertification and preauthorization of services, concurrent and retrospective review of services, and appeals related to utilization management and review.

(a3) Whenever there is reason to believe that a client is eligible for benefits through a Department program, any State or area facility or the psychiatric service of the University of North Carolina Hospitals at Chapel Hill may share confidential information regarding any client of that facility with the Secretary, and the Secretary may share confidential information regarding any client with an area facility or State facility or the psychiatric services of the University of North Carolina Hospitals at Chapel Hill. Disclosure is limited to that information necessary to establish initial eligibility for benefits, determine continued eligibility over time, and obtain reimbursement for the costs of services provided to the client.

(a4) An area authority or county program may share confidential information regarding any client with any area facility, and any area facility may share confidential information regarding any client of that facility with the area authority or county program, when the area authority or county program determines the disclosure is necessary to develop, manage, monitor, or evaluate the area authority's or county program's network of qualified providers as provided in G.S. 122C-115.2(b)(1) b., G.S. 122C-141(a), the State Plan, and rules of the Secretary. For the purposes of this subsection, the purposes or activities for which confidential information may be disclosed include, but are not limited to, quality assessment and improvement activities, provider accreditation and staff credentialing, developing contracts and negotiating rates, investigating and responding to client grievances and complaints, evaluating practitioner and provider performance, auditing functions, on-site monitoring, conducting consumer satisfaction studies, and collecting and analyzing performance data.

(a5) Any area facility may share confidential information with any other area facility regarding an applicant when necessary to determine whether the applicant is eligible for area facility services. For the purpose of this subsection, the term "applicant" means an individual who contacts an area facility for services.

(a6) When necessary to conduct quality assessment and improvement activities or to coordinate appropriate and effective care, treatment, or habilitation of the client, a DHHS primary care case manager may disclose confidential information acquired pursuant to subsection (a1) of this section to a health care provider or other entity that has entered into a written agreement with the Department's Community Care of North Carolina Program, or other primary care case management program, to participate in the care management support network and systems developed and maintained by the primary care case manager for the purpose of coordinating and improving the quality of care for recipients of publicly funded health and related services. Health care providers and other entities receiving confidential information from the Department's Community Care of North Carolina Program or other primary care case

1 management program pursuant to this subsection may use and disclose the information ~~as~~  
2 ~~authorized by G.S. 122C-53 through G.S. 122C-56 or~~ as permitted or required by other  
3 applicable State or federal law.

4 (b) A facility, physician, or other individual responsible for evaluation, management,  
5 supervision, or treatment of respondents examined or committed for outpatient treatment under  
6 the provisions of Article 5 of this Chapter may request, receive, and disclose confidential  
7 information to the extent necessary to enable them to fulfill their responsibilities.

8 (c) A facility may furnish confidential information in its possession to the Department  
9 of Correction when requested by that department regarding any client of that facility when the  
10 inmate has been determined by the Department of Correction to be in need of treatment for  
11 mental illness, developmental disabilities, or substance abuse. The Department of Correction  
12 may furnish to a facility confidential information in its possession about treatment for mental  
13 illness, developmental disabilities, or substance abuse that the Department of Correction has  
14 provided to any present or former inmate if the inmate is presently seeking treatment from the  
15 requesting facility or if the inmate has been involuntarily committed to the requesting facility  
16 for inpatient or outpatient treatment. Under the circumstances described in this subsection, the  
17 consent of the client or inmate shall not be required in order for this information to be furnished  
18 and the information shall be furnished despite objection by the client or inmate. Confidential  
19 information disclosed pursuant to this subsection is restricted from further disclosure.

20 (d) A responsible professional may disclose confidential information when in his  
21 opinion there is an imminent danger to the health or safety of the client or another individual or  
22 there is a likelihood of the commission of a felony or violent misdemeanor.

23 (e) A responsible professional ~~or facility~~ may exchange confidential information with a  
24 ~~physician or other health care provider who is providing emergency medical services to a~~  
25 ~~client. Disclosure of the information is limited to that necessary to meet the emergency as~~  
26 ~~determined by the responsible professional. HIPAA covered entity or a health care provider~~  
27 ~~who is not a covered entity when necessary to coordinate appropriate and effective care,~~  
28 ~~treatment or habilitation of the client. For purposes of this section, the term "covered entity" has~~  
29 ~~the meaning as defined in 45 Code of Federal Regulations § 160.103, the term "health care~~  
30 ~~provider" has the meaning given that term in G.S. 90-21.11.~~

31 (e1) A State facility may furnish client identifying information to the Department for the  
32 purpose of maintaining an index of clients served in State facilities which may be used by State  
33 facilities only if that information is necessary for the appropriate and effective evaluation, care  
34 and treatment of the client.

35 (e2) A responsible professional may disclose an advance instruction for mental health  
36 treatment or confidential information from an advance instruction to a physician, psychologist,  
37 or other qualified professional when the responsible professional determines that disclosure is  
38 necessary to give effect to or provide treatment in accordance with the advance instruction.

39 (f) A facility may disclose confidential information to a provider of support services  
40 whenever the facility has entered into a written agreement with a person to provide support  
41 services and the agreement includes a provision in which the provider of support services  
42 acknowledges that in receiving, storing, processing, or otherwise dealing with any confidential  
43 information, he will safeguard and not further disclose the information.

44 (g) Whenever there is reason to believe that the client is eligible for financial benefits  
45 through a governmental agency, a facility may disclose confidential information to State, local,  
46 or federal government agencies. Except as provided in G.S.122C-55(a3), disclosure is limited  
47 to that confidential information necessary to establish financial benefits for a client. After  
48 establishment of these benefits, the consent of the client or his legally responsible person is  
49 required for further release of confidential information under this subsection.

(h) Within a facility, employees, students, consultants or volunteers involved in the care, treatment, or habilitation of a client may exchange confidential information as needed for the purpose of carrying out their responsibility in serving the client.

(i) Upon specific request, a responsible professional may release confidential information to a physician or psychologist who referred the client to the facility.

(j) Upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin or other family member or the designee with notification of the client's diagnosis, the prognosis, the medications prescribed, the dosage of the medications prescribed, the side effects of the medications prescribed, if any, and the progress of the client, provided that the client or his legally responsible person has consented in writing, or the client has consented orally in the presence of a witness selected by the client, prior to the release of this information. Both the client's or the legally responsible person's consent and the release of this information shall be documented in the client's medical record. This consent shall be valid for a specified length of time only and is subject to revocation by the consenting individual.

(k) Notwithstanding the provisions of G.S. 122C-53(b) or G.S. 122C-206, upon request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client or his legally responsible person, the responsible professional shall provide the next of kin, or family member, or the designee, notification of the client's admission to the facility, transfer to another facility, decision to leave the facility against medical advice, discharge from the facility, and referrals and appointment information for treatment after discharge, after notification to the client that this information has been requested.

(l) In response to a written request of the next of kin or other family member who has a legitimate role in the therapeutic services offered, or other person designated by the client, for additional information not provided for in subsections (j) and (k) of this section, and when such written request identifies the intended use for this information, the responsible professional shall, in a timely manner:

(1) Provide the information requested based upon the responsible professional's determination that providing this information will be to the client's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or

(2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or

(3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin or family member or designee does not have a legitimate need for the information requested.

(m) The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt rules specifically to define the legitimate role referred to in subsections (j), (k), and (l) of this section.

**SECTION 4.** G.S. 130A-12 reads as rewritten:

**§ 130A-12. Confidentiality of records.**

All records containing privileged patient medical information, information protected under 45 Code of Federal Regulations Parts 160 and 164, and information collected under the authority of Part 4 of Article 5 of this Chapter that are in the possession of the Department of Health and Human Services, the Department of Environment and Natural Resources, or local health departments shall be confidential and shall not be public records pursuant to G.S. 132-1.

Information contained in the records may be disclosed only when disclosure is authorized or required by State or federal law. Notwithstanding ~~G.S. 8-53 or G.S. 130A-143, G.S. 8-53~~, the information contained in HIPAA covered health care components of the above organizations~~the records~~ may be disclosed for purposes of treatment, payment, research, or health care operations. For purposes of this section, the terms "treatment," "payment," 'covered health care component,' 'research,' and "health care operations" have the meanings given those terms in 45 Code of Federal Regulations § 164.501 and 164.103.

**SECTION 5.** G.S. 130A-143 reads as rewritten:

**§ 130A-143. Confidentiality of records.**

All information and records, whether publicly or privately maintained, that identify a person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential. This information shall not be released or made public except under the following circumstances:

- (1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified;
- (2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardian;
- (3) Release is made ~~to health care personnel providing medical care to the patient; by a HIPAA covered entity or a health care provider who is not a covered entity for purposes of treatment, payment, research, or health care operations. For purposes of this section, the term "covered entity" has the meaning as defined in 45 Code of Federal Regulations § 160.103, the term "health care provider" has the meaning given that term in G.S. 90-21.11, and the terms "treatment," "payment," "research" and "health care operations" have the meaning given those terms in 45 Code of Federal Regulations § 164.501;~~
- (4) Release is necessary to protect the public health and is made as provided by the Commission in its rules regarding control measures for communicable diseases and conditions;
- (5) Release is made pursuant to other provisions of this Article;
- (6) Release is made pursuant to subpoena or court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties and those engaged in the trial of the case;
- (7) Release is made by the Department or a local health department to a court or a law enforcement official for the purpose of enforcing this Article or Article 22 of this Chapter, or investigating a terrorist incident using nuclear, biological, or chemical agents. A law enforcement official who receives the information shall not disclose it further, except (i) when necessary to enforce this Article or Article 22 of this Chapter, or when necessary to conduct an investigation of a terrorist incident using nuclear, biological, or chemical agents, or (ii) when the Department or a local health department seeks the assistance of the law enforcement official in preventing or controlling the spread of the disease or condition and expressly authorizes the disclosure as necessary for that purpose;
- (8) Release is made by the Department or a local health department to another federal, state or local public health agency for the purpose of preventing or controlling the spread of a communicable disease or communicable condition;



- (9) Release is made by the Department for bona fide research purposes. The Commission shall adopt rules providing for the use of the information for research purposes;
- (10) Release is made pursuant to G.S. 130A-144(b); or
- (11) Release is made pursuant to any other provisions of law that specifically authorize or require the release of information or records related to AIDS.

**SECTION 6.** G.S. 131D-21 reads as rewritten:

**§ 131D-21. Declaration of residents' rights.**

Each facility shall treat its residents in accordance with the provisions of this Article. Every resident shall have the following rights:

- (1) To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
- (2) To receive care and services which are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations.
- (3) To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
- (4) To be free of mental and physical abuse, neglect, and exploitation.
- (5) Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
- (6) To have his or her personal and medical records kept confidential and not disclosed ~~without the written consent of the individual or guardian, which consent shall specify to whom the disclosure may be made,~~ except as permitted or required by applicable State or federal ~~statute or regulation or by third party contract. It is not the intent of this section to prohibit access to medical records by the treating physician except when the individual objects in writing. Records may also be disclosed without the written consent of the individual to agencies, institutions or individuals which are providing emergency medical services to the individual. Disclosure of information shall be limited to that which is necessary to meet the emergency.~~ law.
- (7) To receive a reasonable response to his or her requests from the facility administrator and staff.
- (8) To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own or their initiative at any reasonable hour.
- (9) To have access at any reasonable hour to a telephone where he or she may speak privately.
- (10) To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery, and postage.
- (11) To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.
- (12) To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator, or supervisor-in-charge.
- (13) To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.

- (14) To be notified when the facility is issued a provisional license or notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The resident's responsible family member or guardian shall also be notified.
- (15) To have freedom to participate by choice in accessible community activities and in social, political, medical, and religious resources and to have freedom to refuse such participation.
- (16) To receive upon admission to the facility a copy of this section.
- (17) To not be transferred or discharged from a facility except for medical reasons, the residents' own or other residents' welfare, nonpayment for the stay, or when the transfer is mandated under State or federal law. The resident shall be given at least 30 days' advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident pursuant to rules adopted by the Medical Care Commission, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Medical Care Commission shall adopt rules pertaining to the transfer and discharge of residents that offer at least the same protections to residents as State and federal rules and regulations governing the transfer or discharge of residents from nursing homes.

**SECTION 7.** G.S. 131E-117 reads as rewritten:

**§ 131E-117. Declaration of patient's rights.**

All facilities shall treat their patients in accordance with the provisions of this Part. Every patient shall have the following rights:

- (1) To be treated with consideration, respect, and full recognition of personal dignity and individuality;
- (2) To receive care, treatment and services which are adequate, appropriate, and in compliance with relevant federal and State statutes and rules;
- (3) To receive at the time of admission and during the stay, a written statement of the services provided by the facility, including those required to be offered on an as-needed basis, and of related charges. Charges for services not covered under Medicare or Medicaid shall be specified. Upon receiving this statement, the patient shall sign a written receipt which must be on file in the facility and available for inspection;
- (4) To have on file in the patient's record a written or verbal order of the attending physician containing any information as the attending physician deems appropriate or necessary, together with the proposed schedule of medical treatment. The patient shall give prior informed consent to participation in experimental research. Written evidence of compliance with this subdivision, including signed acknowledgements by the patient, shall be retained by the facility in the patient's file;
- (5) To receive respect and privacy in the patient's medical care program. Case discussion, consultation, examination, and treatment shall remain confidential and shall be conducted discreetly. Personal and medical records shall be confidential and ~~the written consent of the patient shall be obtained for their release to any individual, other than family members, except as needed in case of the patient's transfer to another health care institution or as required by law or third party payment contract; shall not be disclosed except as permitted or required by applicable State or federal law.~~



- (6) To be free from mental and physical abuse and, except in emergencies, to be free from chemical and physical restraints unless authorized for a specified period of time by a physician according to clear and indicated medical need;
- (7) To receive from the administrator or staff of the facility a reasonable response to all requests;
- (8) To associate and communicate privately and without restriction with persons and groups of the patient's choice on the patient's initiative or that of the persons or groups at any reasonable hour; to send and receive mail promptly and unopened, unless the patient is unable to open and read personal mail; to have access at any reasonable hour to a telephone where the patient may speak privately; and to have access to writing instruments, stationery, and postage;
- (9) To manage the patient's financial affairs unless authority has been delegated to another pursuant to a power of attorney, or written agreement, or some other person or agency has been appointed for this purpose pursuant to law. Nothing shall prevent the patient and facility from entering a written agreement for the facility to manage the patient's financial affairs. In the event that the facility manages the patient's financial affairs, it shall have an accounting available for inspection and shall furnish the patient with a quarterly statement of the patient's account. The patient shall have reasonable access to this account at reasonable hours; the patient or facility may terminate the agreement for the facility to manage the patient's financial affairs at any time upon five days' notice.
- (10) To enjoy privacy in visits by the patient's spouse, and, if both are inpatients of the facility, they shall be afforded the opportunity where feasible to share a room;
- (11) To enjoy privacy in the patient's room;
- (12) To present grievances and recommend changes in policies and services, personally or through other persons or in combination with others, on the patient's personal behalf or that of others to the facility's staff, the community advisory committee, the administrator, the Department, or other persons or groups without fear of reprisal, restraint, interference, coercion, or discrimination;
- (13) To not be required to perform services for the facility without personal consent and the written approval of the attending physician;
- (14) To retain, to secure storage for, and to use personal clothing and possessions, where reasonable;
- (15) To not be transferred or discharged from a facility except for medical reasons, the patient's own or other patients' welfare, nonpayment for the stay, or when the transfer or discharge is mandated under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act. The patient shall be given at least five days' advance notice to ensure orderly transfer or discharge, unless the attending physician orders immediate transfer, and these actions, and the reasons for them, shall be documented in the patient's medical record;
- (16) To be notified within 10 days after the facility has been issued a provisional license because of violation of licensure regulations or received notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The patient's responsible family member or guardian shall also be notified.

1           **SECTION 8.** G.S. 131E-144.3 reads as rewritten:

2   **§ 131E-144.3. Declaration of home care clients' rights.**

3       Each client of a home care agency shall have the following rights:

- 4           (1)   To be informed and participate in his or her plan of care.
- 5           (2)   To be treated with respect, consideration, dignity, and full recognition of his
- 6               or her individuality and right to privacy.
- 7           (3)   To receive care and services that are adequate, appropriate, and in
- 8               compliance with relevant federal and State laws and rules and regulations.
- 9           (4)   To voice grievances about care and not be subjected to discrimination or
- 10               reprisal for doing so.
- 11           (5)   To have his or her personal and medical records kept confidential and not be
- 12               disclosed ~~without appropriate written consent~~except as permitted or
- 13               required by applicable State or federal law.
- 14           (6)   To be free of mental and physical abuse, neglect, and exploitation.
- 15           (7)   To receive a written statement of services provided by the agency and the
- 16               charges the client is liable for paying.
- 17           (8)   To be informed of the process for acceptance and continuance of service and
- 18               eligibility determination.
- 19           (9)   To accept or refuse services.
- 20           (10)   To be informed of the agency's on-call service.
- 21           (11)   To be informed of supervisory accessibility and availability.
- 22           (12)   To be advised of the agency's procedures for discharge.
- 23           (13)   To receive a reasonable response to his or her requests of the agency.
- 24           (14)   To be notified within 10 days when the agency's license has been revoked,
- 25               suspended, canceled, annulled, withdrawn, recalled, or amended.
- 26           (15)   To be advised of the agency's policies regarding patient responsibilities.

27   **SECTION 9.** This act is effective when it becomes law.